

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/564032

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		2		1			54						
5		2		1			55						
6		2		1			56						
7		0		1			57						
8		0		1			58						
9		0		1			59						
10		0		1			60						
11		0		1			61						
12		0		1			62						
13	1		1				63						
14		1		1			64						
15		1		1			65						
16		1		1			66						
17		2		1			67						
18		2		1			68						
19		0		1			69						
20		0		1			70						
21		0		1			71						
22		0		1			72						
23		0		1			73						
24		0		1			74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓	2	↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	22	←		←		TOTAL DEP.	←		←		←	
TOTAL CLAIMS		24					TOTAL CLAIMS						